

|                                 |  |                               |                                  |
|---------------------------------|--|-------------------------------|----------------------------------|
| <i>SERFF Tracking Number:</i>   | <i>METK-126721837</i>  | <i>State:</i>                 | <i>Arkansas</i>                  |
| <i>Filing Company:</i>          | <i>MetLife Investors USA Insurance Company</i>                             | <i>State Tracking Number:</i> | <i>46608</i>                     |
| <i>Company Tracking Number:</i> | <i>METLIFE ADVISORY VARIABLE ANNUITY</i>                                   |                               |                                  |
| <i>TOI:</i>                     | <i>A03I Individual Annuities - Deferred Variable</i>                       | <i>Sub-TOI:</i>               | <i>A03I.002 Flexible Premium</i> |
| <i>Product Name:</i>            | <i>MetLife Advisory Variable Annuity</i>                                   |                               |                                  |
| <i>Project Name/Number:</i>     | <i>MetLife Advisory Variable Annuity/MetLife Advisory Variable Annuity</i> |                               |                                  |

## Filing at a Glance

Company: MetLife Investors USA Insurance Company

Product Name: MetLife Advisory Variable      SERFF Tr Num: METK-126721837      State: Arkansas

Annuity

TOI: A03I Individual Annuities - Deferred      SERFF Status: Closed-Approved-      State Tr Num: 46608

Variable      Closed

Sub-TOI: A03I.002 Flexible Premium      Co Tr Num: METLIFE ADVISORY      State Status: Approved-Closed  
VARIABLE ANNUITY

Filing Type: Form

Reviewer(s): Linda Bird

Authors: Karen Foley, Pam Kerry,      Disposition Date: 09/01/2010

Barry Sullivan, Janice Bellot

Date Submitted: 08/25/2010

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: MetLife Advisory Variable Annuity

Status of Filing in Domicile: Pending

Project Number: MetLife Advisory Variable Annuity

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 09/01/2010

Explanation for Other Group Market Type:

State Status Changed: 09/01/2010

Deemer Date:

Created By: Janice Bellot

Submitted By: Janice Bellot

Corresponding Filing Tracking Number:

Filing Description:

The referenced forms are enclosed for your review and approval. Forms 8028-8 (11/10)-RIA and 8090 (7/10) are new and do not replace any previously filed forms.

Contract Schedule 8028-8 (11/10)-RIA represents the charges and particulars when an applicant purchases our MetLife Advisory Variable Annuity ("MAVA") product. It will be used with individual variable annuity form 8010 (11/00) that was previously approved by your Department.

SERFF Tracking Number: METK-126721837 State: Arkansas  
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Project Name/Number: MetLife Advisory Variable Annuity/MetLife Advisory Variable Annuity

Application form 8090 (7/10) will be completed by a prospective contract owner/annuitant.

Previously-approved forms

We would like to extend the use of the following previously approved forms to this contract:

Form 8012 (11/00) Fixed Account Rider  
Form 8013-1 (5/05) EDCA Rider  
Form 8014-1 (5/05) Three Month Market Entry Rider  
Form 8015 (11/00) Death Benefit Rider (Principal Protection)  
Form 8017 (11/00) Death Benefit Rider (Annual Step-up)  
Form MLIU-640-1 (4/08) Death Benefit Rider (Enhanced)  
Form 8016 (11/00) Death Benefit Rider (Compounded Plus)  
Form MLIU-690-1 (7/04) Guaranteed Withdrawal Benefit Rider  
Form MLIU-560-4 (4/08) Guaranteed Minimum Income Benefit Rider  
Form MLIU-670-1 (11/05) Guaranteed Minimum Accumulation Benefit Rider  
Form MLIU-690-4 (4/08) Lifetime Guaranteed Withdrawal Benefit Rider  
Form 8019 (11/00) Additional Death Benefit Rider – Earnings Preservation Benefit  
Form 8023.1 (9/02) Individual Retirement Annuity Endorsement  
Form 8024.1 (9/02) Roth Individual Retirement Annuity Endorsement  
Form 8276 (9/02) SIMPLE Individual Retirement Annuity Endorsement  
Form 8025.1 (9/02) 401 Plan Endorsement  
Form 8026.1 (9/02) Tax Sheltered Annuity Endorsement  
Form 8027 (11/00) Unisex Annuity Rates Endorsement  
Form MLIU-NQ-1 (11/05)-I Designated Beneficiary Non-Qualified Annuity Endorsement  
Form MLIU-NQ (11/04)-I Non-Qualified Annuity Endorsement  
Form MLIU-RMD (7/10)-E Qualified Distribution Program Endorsement  
Form MLIU-GMIB (2/10)-E Spousal Continuation Endorsement

These forms have been completed in John Doe fashion. Material that is bracketed is variable and is subject to change in accordance with the circumstances of a particular case or insured and the parameters described in the enclosed statement of variables. Any changes to the variables outside of these parameters will first be filed with your Department for approval. These forms are submitted in final printed format and are subject to only minor modification in paper size and stock, ink, border, company logo, typographical errors, layout and adaptation to computer printing.

Please note that contract form series to which these forms are attached are variable annuities, which are subject to federal jurisdiction and are therefore exempt from readability requirements.

SERFF Tracking Number: METK-126721837 State: Arkansas  
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Product Name: MetLife Advisory Variable Annuity  
Project Name/Number: MetLife Advisory Variable Annuity/MetLife Advisory Variable Annuity  
Thank you for your review of this filing.

## Company and Contact

### Filing Contact Information

Pam Kerry, Policy Forms Consultant pkerry@metlife.com  
501 Boylston Street 617-578-2298 [Phone]  
Boston, MA 02116 617-578-5505 [FAX]

### Filing Company Information

MetLife Investors USA Insurance Company CoCode: 61050 State of Domicile: Delaware  
222 Delaware Ave. Group Code: 241 Company Type: Life  
Suite 900 Group Name: MetLife Group State ID Number:  
P.O. Box 25130 FEIN Number: 54-0696644  
Wilmington, DE 19899  
(617) 578-2000 ext. [Phone]  
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## Filing Fees

Fee Required? Yes  
Fee Amount: \$100.00  
Retaliatory? Yes  
Fee Explanation: MetLife Investors USA Insurance Company domicile is Delaware. \$50.00 per form. Two forms filed.  
Per Company: No

| COMPANY                                 | AMOUNT   | DATE PROCESSED | TRANSACTION # |
|---|----------|----------------|---------------|
| MetLife Investors USA Insurance Company | \$100.00 | 08/25/2010     | 39012510      |

SERFF Tracking Number: METK-126721837 State: Arkansas

Filing Company: MetLife Investors USA Insurance Company State Tracking Number: 46608

Company Tracking Number: METLIFE ADVISORY VARIABLE ANNUITY

TOI: A03I Individual Annuities - Deferred Variable Sub-TOI: A03I.002 Flexible Premium

Product Name: MetLife Advisory Variable Annuity

Project Name/Number: MetLife Advisory Variable Annuity/MetLife Advisory Variable Annuity

## Correspondence Summary

### Dispositions

| Status          | Created By | Created On | Date Submitted |
|-----------------|------------|------------|----------------|
| Approved-Closed | Linda Bird | 09/01/2010 | 09/01/2010     |

### Objection Letters and Response Letters

| Objection Letters         |            |            |                | Response Letters |            |                |
|---------------------------|------------|------------|----------------|------------------|------------|----------------|
| Status                    | Created By | Created On | Date Submitted | Responded By     | Created On | Date Submitted |
| Pending Industry Response | Linda Bird | 08/30/2010 | 08/30/2010     | Pam Kerry        | 08/31/2010 | 08/31/2010     |

|                                 |  |                               |                                  |
|---------------------------------|--|-------------------------------|----------------------------------|
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| <i>TOI:</i>                     | <i>A03I Individual Annuities - Deferred Variable</i>                       | <i>Sub-TOI:</i>               | <i>A03I.002 Flexible Premium</i> |
| <i>Product Name:</i>            | <i>MetLife Advisory Variable Annuity</i>                                   |                               |                                  |
| <i>Project Name/Number:</i>     | <i>MetLife Advisory Variable Annuity/MetLife Advisory Variable Annuity</i> |                               |                                  |

## Disposition

Disposition Date: 09/01/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: METK-126721837 State: Arkansas

Filing Company: MetLife Investors USA Insurance Company State Tracking Number: 46608

Company Tracking Number: METLIFE ADVISORY VARIABLE ANNUITY

TOI: A03I Individual Annuities - Deferred Variable Sub-TOI: A03I.002 Flexible Premium

Product Name: MetLife Advisory Variable Annuity

Project Name/Number: MetLife Advisory Variable Annuity/MetLife Advisory Variable Annuity

| Schedule            | Schedule Item                  | Schedule Item Status | Public Access |
|---------------------|--------------------------------|----------------------|---------------|
| Supporting Document | Flesch Certification           |                      | No            |
| Supporting Document | Application                    |                      | Yes           |
| Supporting Document | Life & Annuity - Acturial Memo |                      | No            |
| Supporting Document | Certification                  |                      | Yes           |
| Supporting Document | Statement of Variability       |                      | Yes           |
| Form                | Contract Schedule              |                      | Yes           |
| Form                | Application                    |                      | Yes           |

SERFF Tracking Number: METK-126721837 State: Arkansas  
Filing Company: MetLife Investors USA Insurance Company State Tracking Number: 46608  
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Product Name: MetLife Advisory Variable Annuity  
Project Name/Number: MetLife Advisory Variable Annuity/MetLife Advisory Variable Annuity

## Objection Letter

Objection Letter Status Pending Industry Response  
Objection Letter Date 08/30/2010  
Submitted Date 08/30/2010  
Respond By Date 09/30/2010

Dear Pam Kerry,

This will acknowledge receipt of the captioned filing.

Objection 1

No Objections

Comment: Filings of variable annuity contracts should be accompanied by an assurance that Regulation 6 has been reviewed and that the company is in compliance.

Please feel free to contact me if you have questions.

Sincerely,

Linda Bird

SERFF Tracking Number: METK-126721837 State: Arkansas  
Filing Company: MetLife Investors USA Insurance Company State Tracking Number: 46608  
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Product Name: MetLife Advisory Variable Annuity  
Project Name/Number: MetLife Advisory Variable Annuity/MetLife Advisory Variable Annuity

## Response Letter

Response Letter Status Submitted to State  
Response Letter Date 08/31/2010  
Submitted Date 08/31/2010

Dear Linda Bird,

### Comments:

Thank you for your letter dated August 30, 2010. The following is in response to your letter.

### Response 1

Comments: You have our assurance that Regulation 6 has been reviewed and that the company is in compliance.

### Related Objection 1

Comment:

Filings of variable annuity contracts should be accompanied by an assurance that Regulation 6 has been reviewed and that the company is in compliance.

### Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

I hope that this information will allow you to continue your review of this filing.

Thank you.

Sincerely,

Barry Sullivan, Janice Bellot, Karen Foley, Pam Kerry



SERFF Tracking Number: METK-126721837 State: Arkansas

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Product Name: MetLife Advisory Variable Annuity

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## Form Schedule

### Lead Form Number: 8028-8 (11/10)-RIA

| Schedule Item Status | Form Number        | Form Type                    | Form Name                    | Action  | Action Specific Data | Readability | Attachment             |
|----------------------|--------------------|------------------------------|------------------------------|---------|----------------------|-------------|------------------------|
|                      | 8028-8 (11/10)-RIA | Schedule                     | Contract Schedule Pages      | Initial |                      | 0.000       | 8028-8 (11-10) RIA.pdf |
|                      | 8090 (7/10)        | Application/ Enrollment Form | Application/ Enrollment Form | Initial |                      |             | Generic_JD_APPMAVA.pdf |

## CONTRACT SCHEDULE

**OWNER:** [John Doe] **SEX:** [M] **AGE AT ISSUE:** [35]  
**ANNUITANT:** [John Doe] **SEX:** [M] **AGE AT ISSUE:** [35]  
**CONTRACT NUMBER:** [12345678] **ISSUE DATE:** [February 15, 2005]  
**PLAN TYPE:** [Qualified, IRA, Non-Qualified,  
ROTH IRA] **MATURITY DATE:** [February 15, 2060]

**PRODUCT CLASS:** [MetLife Advisory Variable Annuity ]

**PURCHASE PAYMENT:** [\$100,000.00]

**PURCHASE PAYMENTS:** [We may reject any Purchase Payment.]

**Minimum Subsequent**

**Purchase Payment:** [\$500.00] [for both Non-Qualified and Qualified, unless you have elected an automatic sweep program.] [However, for IRAs and Roth IRAs, in order to avoid cancellation of the Contract, we will accept a Purchase Payment of at least \$50 once in every 24 month period. We will also accept subsequent Purchase Payments as required under applicable law and federal tax law.]

**Maximum Total**

**Purchase Payments:** [\$1,000,000.00], without our prior approval.

**MINIMUM ACCOUNT VALUE:** [\$2,000.00]

**BENEFICIARY:** [As designated by you as of the Issue Date unless changed in accordance with the Contract provisions.]

**PRODUCT CHARGES:**

**[Separate Account:** We assess certain daily charges equal on an annual basis to the percentages set out below of the average daily net asset value of each Subaccount of the Separate Account:

Mortality and Expense Charge (Accumulation Period): [0.65%]

Mortality and Expense Charge (Annuity Period): [0.45%]

Administration Charge: [0.15%]

[Death Benefit Rider Charge: [0.35%]]

[Additional Death Benefit Rider Charge: [0.25%]]

**SEPARATE ACCOUNT:** [MetLife Investors USA Separate Account A]

**ALLOCATION REQUIREMENTS:**

1. [Currently, you can select from any of the Subaccounts or the Fixed Account (if a Fixed Annuity Rider has been issued). However, we may limit this in the future.
2. Allocations must be in whole numbers. Each allocation must be at least [\$500]. Allocations made pursuant to Pre-scheduled Transfer programs are not subject to this limitation. The current approved Pre-scheduled Transfer programs are Rebalancing program, Asset Allocation program and Dollar Cost Averaging program.

3. We may restrict allocations to the Fixed Account if any of the following conditions exist: (a) the credited interest rate for the amount to be allocated is equal to the Minimum Guaranteed Interest Rate for the Fixed Account; (b) the Account Value in the Fixed Account equals or exceeds [\$500,000]; or (c) a transfer was made out of the Fixed Account within the previous 180 days.]

#### **TRANSFER REQUIREMENTS:**

**[Number Permitted:** The maximum number of transfers per Contract Year shall be [12] (excluding transfers resulting from our Pre-scheduled Transfer programs). We may waive from time to time this transfer limitation.

Subject to the Allocation Rules and the issuance of a Fixed Annuity Rider, during the Accumulation Period you may make transfers into the Fixed Account from the Subaccounts, subject to the maximum number of transfers per Contract Year as stated above. There are further limitations on transfers from the Fixed Account to the Separate Account as set forth below.

During the Annuity Period, you cannot make transfers from the General Account to the Subaccounts.

**Transfer Fee:** In the event that [12] transfers are made in a Contract Year, (excluding those related to our Pre-scheduled Transfer programs) we will deduct a Transfer Fee of [\$25] for each additional transfer in such Contract Year. The Transfer Fee will be deducted from the Subaccount or Fixed Account from which the transfer is made. However, if the entire interest in an account is being transferred, the Transfer Fee will be deducted from the amount which is transferred. We may waive from time to time, the Transfer Fee.

**Minimum and Maximum Amount to be Transferred:** The minimum amount that may be transferred from a Subaccount is [\$500], or your entire interest in the Subaccount, if less (excluding transfers resulting from our Pre-scheduled Transfer programs).

The minimum amount that may be transferred from the Fixed Account during the Accumulation Period is [\$500], or your entire interest in the Fixed Account. Transfers out of the Fixed Account during the Accumulation Period shall be limited to the greater of (a) 25% of the Fixed Account Value at the beginning of the Contract Year, or (b) the amount transferred out of the Fixed Account in the prior Contract Year.]

**Minimum Partial Withdrawal:** [\$500], or your entire interest in the Subaccount[]

**Minimum Withdrawal Value Which must Remain in the Contract after a Partial Withdrawal:** [\$2,000]

#### **ANNUITY REQUIREMENTS:**

1. [The Annuity Date must be the first day of a calendar month. Unless otherwise designated by you, the Annuity Date will be no later than the Maturity Date. The Maturity Date is the first day of the calendar month following the Annuitant's 90th birthday or ten (10) years from the Issue Date.
2. For Variable Annuity Payments, the Variable Annuity Tables are based on the Annuity 2000 Mortality Table with 7-year age setback and an Assumed Investment Return (AIR) of [3.00%].
3. For Fixed Annuity Payments, the Fixed Annuity Tables are based on the Annuity 2000 Mortality Table with 7-year age setback with interest at [3%]

#### **[FIXED ACCOUNT:**

**Initial Guarantee Period:** [Through the end of the current calendar year]

**Renewal Guarantee Period:** [A calendar year]

**Initial Current Interest Rate:** [4.60%][Allocations to the Fixed Account not currently available]

**Minimum Guaranteed Interest Rate:** [3.00%] annually]

**[Initial EDCA Period:** 24 months EDCA rate applicable to deposits made at the beginning of the Initial EDCA period: [4.00%]

**Initial EDCA Period:** 12 months EDCA rate applicable to deposits made at the beginning of the Initial EDCA period: [4.00%]

**Initial EDCA Period:** 6 months EDCA rate applicable to deposits made at the beginning of the Initial EDCA period: [8.00%]

**Initial EDCA Period:** 3 months EDCA rate applicable to deposits made at the beginning of the Initial EDCA period: [9.00%]

#### **ANNUITY SERVICE OFFICE:**

MetLife Investors USA Insurance Company

[P.O. Box 10366

Des Moines, Iowa 50306-0366

(800) 343-8496]

**ENDORSEMENTS AND RIDERS ATTACHED TO THIS CONTRACT:**

[Fixed Account Rider for Variable Annuity  
Enhanced Dollar Cost Averaging Rider  
Three Month Market Entry Rider  
Death Benefit Rider (Principal Protection)  
Death Benefit Rider (Annual Step-up)  
Death Benefit Rider (Compounded Plus)  
Death Benefit Rider (Enhanced)  
Guaranteed Minimum Income Benefit Rider – Living Benefit  
Guaranteed Withdrawal Benefit Rider  
Guaranteed Minimum Accumulation Benefit Rider  
Lifetime Guaranteed Withdrawal Benefit Rider  
Additional Death Benefit Rider – Earnings Preservation Benefit  
Individual Retirement Annuity Endorsement  
Roth Individual Retirement Annuity Endorsement  
SIMPLE Individual Retirement Annuity Endorsement  
401 Plan Endorsement  
Tax Sheltered Annuity Endorsement  
Unisex Annuity Rates Endorsement  
Designated Beneficiary Non-Qualified Annuity Endorsement  
Non-Qualified Annuity Endorsement  
Qualified Distribution Program Endorsement  
Spousal Continuation Endorsement]

Home Office Address (no correspondence)

222 Delaware Avenue Suite 900 • Wilmington, DE 19899

MetLife Investors USA Insurance Company

Policy Service Office: P.O. Box 10366 • Des Moines, Iowa 50306-0366

MetLife Investors USA Variable Annuity Advisory Series

For Express Mail Only

4700 Westown Parkway Ste. 200 • West Des Moines, IA 50266-2266

For assistance call: The Sales Desk

## ACCOUNT INFORMATION

## 1. Annuitant

|         |                        |          |         |                        |  |                |      |
|---------|------------------------|----------|---------|------------------------|--|----------------|------|
| Name    | (First)                | (Middle) | (Last)  | Social Security Number |  |                |      |
|         | John                   | J.       | Doe     |                        | 123  | 45             | 6789 |
| Address | (Street - No P.O. Box) | (City)   | (State) | (Zip)                  | Sex  | Date of Birth  |      |
|         | 123 Main Street        | Anytown  | IL      | 60001                  | <input checked="" type="checkbox"/> M <input type="checkbox"/> F | 4 / 12 / 58    |      |
|         |                        |          |         |                        | Phone  | (708) 123-4567 |      |

## 2. Owner (Complete only if different than Annuitant)

|                                      |                        |          |         |                               |   |                     |  |
|--------------------------------------|------------------------|----------|---------|-------------------------------|---|---------------------|--|
| Correspondence is sent to the Owner. |                        |          |         | Social Security/Tax ID Number |   |                     |  |
| Name                                 | (First)                | (Middle) | (Last)  |                               |   |                     |  |
| Address                              | (Street - No P.O. Box) | (City)   | (State) | (Zip)                         | Sex   | Date of Birth/Trust |  |
|                                      |                        |          |         |                               | <input type="checkbox"/> M <input type="checkbox"/> F |                     |  |
|                                      |                        |          |         |                               | Phone ( )   |                     |  |

## 3. Joint Owner

|         |                        |          |         |                        |   |               |  |
|---------|------------------------|----------|---------|------------------------|---|---------------|--|
| Name    | (First)                | (Middle) | (Last)  | Social Security Number |   |               |  |
| Address | (Street - No P.O. Box) | (City)   | (State) | (Zip)                  | Sex   | Date of Birth |  |
|         |                        |          |         |                        | <input type="checkbox"/> M <input type="checkbox"/> F |               |  |
|         |                        |          |         |                        | Phone ( )   |               |  |

## 4. Beneficiary

Show full name(s), address(es), relationship to Owner, Social Security Number(s), and percentage each is to receive. Use the Special Requests section if additional space is needed. Unless specified otherwise in the Special Requests section, if Joint Owners are named, upon the death of either Joint Owner, the surviving Joint Owner will be the primary beneficiary, and the beneficiaries listed below will be considered contingent beneficiaries.

Mary J. Doe, 123 Main Street, Anytown, IL, Wife, 234 - 56 - 7890 100%

|                 |                        |              |                        |   |
|-----------------|------------------------|--------------|------------------------|---|
| Primary Name    | (Street - No P.O. Box) | Relationship | Social Security Number | % |
|                 |                        |              |                        |   |
| Primary Name    | (Street - No P.O. Box) | Relationship | Social Security Number | % |
|                 |                        |              |                        |   |
| Contingent Name | (Street - No P.O. Box) | Relationship | Social Security Number | % |
|                 |                        |              |                        |   |
| Contingent Name | (Street - No P.O. Box) | Relationship | Social Security Number | % |
|                 |                        |              |                        |   |

ANNUITY PAYMENTS AND TERMINATION VALUES PROVIDED BY THIS CONTRACT, WHEN BASED ON THE INVESTMENT EXPERIENCE OF THE SEPARATE ACCOUNT, ARE VARIABLE, MAY INCREASE OR DECREASE, AND ARE NOT GUARANTEED AS TO FIXED DOLLAR AMOUNT.

## 5. Plan Type

Indicate only how contract is to be issued.

- NON-QUALIFIED ..... ☒
- QUALIFIED TRADITIONAL IRA\* ... ☐ Transfer ☐ Rollover ☐ Contribution - Year \_\_\_\_\_
- QUALIFIED ROTH IRA\* ..... ☐ Transfer ☐ Rollover ☐ Contribution - Year \_\_\_\_\_

\*The annuitant and owner must be the same person.

## 6. Purchase Payment

|   |        |
|---|--------|
| Funding Source of Purchase Payment  |        |
| <input type="checkbox"/> 1035 Exchange <input type="checkbox"/> Check <input type="checkbox"/> Wire |        |
| Initial Purchase Payment \$   | 10,000 |
| Make Check Payable to MetLife Investors USA   |        |
| (Estimate dollar amount for 1035 exchanges, transfers, rollovers, etc.)                             |        |
| Minimum Initial Purchase Payment:<br>\$10,000 Non-Qualified/Qualified                               |        |



## RIDERS

### 7. Benefit Riders (subject to state availability and age restrictions)

These riders may only be chosen at time of application. **Please note, there are additional charges for the optional riders. Once elected these options may not be changed.**

- 1) **Living Benefit Riders** (Optional. Only **one** of the following Riders may be elected)
- ☐ Guaranteed Minimum Income Benefit Plus Rider (**GMIB Plus III**)
  - ☐ Guaranteed Withdrawal Benefit (**GWB**)
  - ☐ Single Life – Lifetime Withdrawal Guarantee (**ILWG**) (**III**)
  - ☐ Joint Life – Lifetime Withdrawal Guarantee (**ILWG**) (**III**)
- 2) **Death Benefit Riders** (Check one. If no election is made, the Principal Protection option will apply).
- ☐ Principal Protection (no additional charge)
  - ☐ Annual Step-Up
  - ☐ Enhanced Death Benefit II (may only be elected with GMIB Plus or without an optional Living Benefit Rider.)
- 3) ☐ Earnings Preservation Benefit Rider

## SIGNATURES

### 8. Replacements

Does the applicant have any existing life insurance policies or annuity contracts? ☐ Yes ☒ No

Is this annuity being purchased to replace any existing life insurance or annuity policy(ies)? ☐ Yes ☒ No

If "Yes" to either, applicable disclosure and replacement forms must be attached.

### 9. Fraud Statement & Disclosure

#### Notice to Applicant:

**Arkansas, Louisiana, Rhode Island and West Virginia Residents Only:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and confinement in prison.

**District of Columbia Residents Only: WARNING:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**Kentucky Residents Only:** Any person who knowingly and with the intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

**Maine, Tennessee, Virginia and Washington Residents Only:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**Maryland Residents Only:** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Massachusetts Residents Only:** The variable annuity for which you are making this application gives us the right to restrict or discontinue allocations of purchase payments to the Fixed Account and reallocation from the Investment Divisions to the Fixed Account. This discontinuance right may be exercised for reasons which include but are not limited to our ability to support the minimum guaranteed interest rate of the Fixed Account when the yields on our Investments would not be sufficient to do so. This discontinuance will not be exercised in an unfairly discriminatory manner. The prospectus also contains additional information about our right to restrict access to the Fixed Account in the future. **BY SIGNING THIS APPLICATION, I ACKNOWLEDGE THAT I HAVE RECEIVED, READ AND UNDERSTOOD THE STATEMENTS IN THIS APPLICATION AND IN THE PROSPECTUS THAT THE FIXED ACCOUNT MAY NOT BE AVAILABLE AT SOME POINT DURING THE LIFE OF THE CONTRACT INCLUDING POSSIBLY WHEN THIS CONTRACT IS ISSUED.**

**New Jersey Residents Only:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**New Mexico Residents Only:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

**Ohio Residents Only:** A person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing false or deceptive statement is guilty of insurance fraud.

**Pennsylvania Residents Only: ANNUITY PAYMENTS OR SURRENDER VALUES, WHEN BASED UPON THE INVESTMENT EXPERIENCE OF A SEPARATE ACCOUNT ARE VARIABLE AND ARE NOT GUARANTEED AS TO A FIXED DOLLAR AMOUNT.**

**Pennsylvania Residents Only:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

### 10. Acknowledgement and Authorization

I (We) agree that the above information and statements and those made on all pages of this application are true and correct to the best of my (our) knowledge and belief and are made as the basis of my (our) application. I (We) acknowledge receipt of the current prospectus of MetLife Investors USA Separate Account A. **PAYMENTS AND VALUES PROVIDED BY THE CONTRACT FOR WHICH APPLICATION IS MADE ARE VARIABLE AND ARE NOT GUARANTEED AS TO DOLLAR AMOUNT.**

I have read the State Fraud Statement in Section 10 above applicable to me.

*John J. Doe, Owner*

(Owner Signature & Title, Annuitant unless otherwise noted)

(Joint Owner Signature & Title)

(Signature of Annuitant if other than Owner)

Signed at *Anytown, IL*  
(City) (State)

Date *November 11, 2000*

### 11. Agent's Report

Does the applicant have any existing life insurance policies or annuity contracts? ☐ Yes ☒ No

Is this annuity being purchased to replace any existing life insurance or annuity policy(ies)? ☐ Yes ☒ No

If "Yes" to either, applicable disclosure and replacement forms must be attached.

All information provided by the client has been truly and accurately recorded.

*Richard Roe*

Agent's Signature

*(312) 456-7890*

Phone

*Richard Roe, #723*

Agent's Name and Number

*456 Main Street, Anytown, IL 60001*

Name and Address of Firm

*#723*

State License ID Number

*1234567*

Client Account Number

SERFF Tracking Number: METK-126721837 State: Arkansas  
Filing Company: MetLife Investors USA Insurance Company State Tracking Number: 46608  
Company Tracking Number: METLIFE ADVISORY VARIABLE ANNUITY  
TOI: A03I Individual Annuities - Deferred Variable Sub-TOI: A03I.002 Flexible Premium  
Product Name: MetLife Advisory Variable Annuity  
Project Name/Number: MetLife Advisory Variable Annuity/MetLife Advisory Variable Annuity

## Supporting Document Schedules

|  | Item Status: | Status<br>Date: |
|--|--------------|-----------------|
|--|--------------|-----------------|

**Satisfied - Item:** Application

**Comments:**

See Form Schedule tab.

|  | Item Status: | Status<br>Date: |
|--|--------------|-----------------|
|--|--------------|-----------------|

**Satisfied - Item:** Certification

**Comments:**

**Attachment:**

Arkansas Certification.pdf

|  | Item Status: | Status<br>Date: |
|--|--------------|-----------------|
|--|--------------|-----------------|

**Satisfied - Item:** Statement of Variability

**Comments:**

**Attachments:**

SoV\_Final\_8028-8 (11-10)-RIA .v.03.pdf

MAVA\_GENERIC\_APP\_SoV.pdf

MetLife Investors USA Insurance Company  
222 Delaware Avenue, Suite 900, Wilmington DE 19899

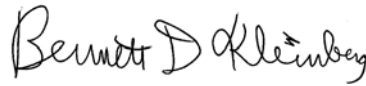
## State of Arkansas

### Certification

We certify compliance with Articles VI, VII, IX, and XI of Rule and Regulation 33 and all other applicable requirements of the Arkansas Insurance Department.

Bennett D. Kleinberg

*Print Name*



*Signature*

Vice President & Senior Actuary

*Title*

August 24, 2010

*Date*



## STATEMENT OF VARIABILITY

MetLife Investors USA Insurance Company  
Contract Schedule Form: 8028-8 (11/10)-RIA  
August 16, 2010

***The use of any variability will be administered in a uniform and non-discriminatory manner and shall not result in unfair discrimination.***

### **John Doe Specific Variations:**

The following items will vary Owner to Owner, depending upon the information provided in the application:

**Owner, Sex, Age At Issue**

**Joint Owner, Sex, Age At Issue**

**Annuitant, Sex, Age at Issue**

**Contract Number**

**Issue Date**

**Plan Type** – Qualified or Non-Qualified, IRA, ROTH IRA

**Maturity Date**

**Product Class**– bracketed to allow us to change the product name to one of the following depending on distribution channel, currently shown as MetLife Advisory Variable Annuity on Contract Schedule:

MetLife Advisory Variable Annuity  
MetLife Advisory Variable Annuity II  
MetLife Advisory Variable Annuity III  
MetLife Advisory Variable Annuity IV  
MetLife Advisory Variable Annuity V  
MetLife Advisory Variable Annuity VI  
MetLife Advisory Variable Annuity VII

### **Purchase Payment**

#### **Payment Limits**

The Minimum Subsequent Purchase Payment amount required for additional payments to the contract will be greater than \$0. The Maximum Total Purchase Payment threshold beyond which our prior approval will be required will be greater than \$0.

#### **Minimum Account Value**

The Minimum Account Value to keep the contract in-force will be greater than \$1,000 but not more than \$5,000. The amount may increase or decrease in the future for new issues based on unit expenses and market conditions.

### **Product Charges – Separate Account Level**

#### ***Mortality and Expense Charge*** – Contract Schedules:

The Mortality and Expense Charge will be no greater than 1.80% and no less than 0.10%. This will be reflected on the Contract Schedule as shown below:

Mortality and Expense Charge (Accumulation Period): 0.65%

Mortality and Expense Charge (Annuity Period): 0.45%

#### ***Administration Charge*** – Contract Schedules:

The Administration Charge will be no greater than 0.25% and no less than 0.05%.

#### ***Death Benefit Rider Charge:***

The Death Benefit Rider Charge for the Death Benefit will be no greater than 0.50% and no less than 0.05% and will vary by death benefit rider chosen at time of application. This charge may increase or decrease in the future and is driven by current capital market conditions and interest rates. This item will not print if no Optional Death Benefit Rider is chosen at time of application.

***Additional Death Benefit Rider Charge (Earnings Preservation Benefit)***

The Additional Death Benefit Rider Charge will be no greater than 0.50% and no less than 0.05%. This item is currently shown as 0.25% on the Contract Schedule. This charge may increase or decrease in the future for new issues and is driven by current capital market conditions and interest rates. This item will not print if no Additional Death Benefit Rider is chosen at time of application.

**Separate Account**

We may change the name of the Separate Account due to any future name changes at that level.

**Allocation Requirements:**

The range for the minimum amount that must be allocated to any account will be between \$100 and \$5,000.

The restrictions which are pertinent to the Fixed Account under item #3 are limited to an Account Value in the Fixed Account exceeding a range between \$100 and \$1,000,000.

**Transfer Requirements**

The transaction charge for transfers will range between \$0 (where no charge will be assessed) and \$50. The maximum number of transfers allowed will be no fewer than 12 per contract year. The range for the minimum transfer amount will be between \$25 and \$1,000. The range for the minimum amount remaining in an Investment Account after a transfer will be between \$25.00 and \$1,000.

**Minimum Partial Withdrawals**

The range for the minimum partial withdrawal amount allowed will be between \$0 (meaning there is no minimum amount) and \$1,000. The range for the minimum amount remaining in the contract after a partial withdrawal will be between \$100 and \$3,000.

**Annuity Requirements**

The Contract Schedule currently reflects the following language for item #1:

The Annuity Date must be the first day of a calendar month. Unless otherwise designated by you, the Annuity Date will be no later than the Maturity Date. The Maturity Date is the first day of the calendar month following the Annuitant's 90th birthday or ten (10) years from the Issue Date.

The following alternative language may print for new issues depending on the distribution channel and/or future practices regarding the Annuity Date and/or the Maturity Date:

Alternate Text – version #2:

The Annuity Date must be the first day of a calendar month. The Annuity Date will be no later than the Maturity Date, or if we agree, a later date not to exceed the Annuitant's 95<sup>th</sup> birthday. The Maturity Date is the first day of the calendar month following the Annuitant's 90th birthday or ten (10) years from the Issue Date.

Alternation Text – version #3

The Annuity Date must be the first day of a calendar month. The Annuity Date will be no later than the Maturity Date, or to a later day if we agree. The Maturity Date is the first day of the calendar month following the Annuitant's 90th birthday or ten (10) years from the Issue Date.

**Initial Guarantee Period**

Will vary by Guarantee Period elected. Guarantee Periods will be at least through the end of the current calendar year and no longer than ten years. This item will not print if the Fixed Account is not offered.

**Renewal Guarantee Period**

Guarantee Periods will be at least through the end of the current calendar year and no longer than ten years. This item will not print if the Fixed Account is not offered.

**Initial Current Interest Rate**

To be determined by the company and ranges from 1% to 10% but will never be lower than the Minimum Guaranteed Interest rate. This item will not print if the Fixed Account is not offered.

**Minimum Guaranteed Interest Rate**

We will review the Minimum Guaranteed Interest Rate (MGIR) four times per calendar year. This MGIR would be applicable to newly sold business. The MGIR will be such that it meets the requirements of the NAIC Standard Nonforfeiture Law for Individual Deferred Annuities. The Minimum Nonforfeiture Rate (MNR) will be the lesser of 3% and the 5-year Constant Maturity Treasury rate as of the first month of the preceding quarter (rate published for January, April, July, and October), reduced by 125 basis points, and rounded to the nearest 1/20<sup>th</sup> of a percent, or 1% if greater. We will obtain the 5-year weekly Constant Maturity Treasury rate from the Federal Reserve Statistical Release H.15. The MGIR that applies to any given contract will not be redetermined once the contract has been issued. The MGIR that applies to any given contract will be shown on the contract schedule page. We will automatically reset the rate for the first quarter of the calendar year regardless of any threshold on the rates. During the other reviews, we will only move the MGIR if the MNR has moved at least 50 bps from our current MGIR. The current threshold level is 50 bps, this threshold level will remain between 0 and 50 bps. The company reserves the right to hold an MGIR higher than the MNR, if so desired. This item will not print if the Fixed Account is not offered.

**Initial EDCA Period**

If available, the range for the number of months available for an Initial EDCA Period is from 3 months to 24 months. The EDCA rate will be determined by the company and will never be less than the MGIR. This item will not print if EDCA is not offered at time of application.

**Annuity Service Office**

This address may vary depending on which distribution channel the contract was sold through or if our administrative offices move in the future.

**Endorsements and Riders Attached to this Contract**

Not all endorsements/riders listed will be attached to the contract as some riders are optional. We may offer other riders with this product in the future that have already been filed and approved with the state.

**STATEMENT OF VARIABILITY**  
**MetLife Investors USA Insurance Company**  
**Application Form 8090 (7/10)**

|  |   |
|--|---|
| <b>Home Office Address, Policy Service Office Address, Product Name, Phone Number:</b> | These fields are bracketed to allow us to change the address, zip code, product name, and phone number if necessary.  |
| <b>Product Name</b>  | <p>This field is bracketed to allow us to change the product name to one of the following depending on distribution channel, currently shown as MetLife Advisory Variable Annuity on application.</p> <p>MetLife Advisory Variable Annuity<br/> MetLife Advisory Variable Annuity II<br/> MetLife Advisory Variable Annuity III<br/> MetLife Advisory Variable Annuity IV<br/> MetLife Advisory Variable Annuity V<br/> MetLife Advisory Variable Annuity VI<br/> MetLife Advisory Variable Annuity VII</p> |
| <b>Plan Type</b>   | <p>We reserve the right to offer this product in some or all of the following markets: NON-QUALIFIED, IRA (including TRADITIONAL, SIMPLE, SEP, custodial/decedent and ROTH) and 401(a).</p> <p>A new sub-heading may be added entitled Payment Type which will show some or all of the following choices (1035 Exchange, Transfer, Rollover Contribution or other).</p>   |
| <b>Purchase Payment</b>  | <p>We reserve the right for future reprints of the application, to reformat this section as follows:</p> <ul style="list-style-type: none"> <li>The Funding Source of Purchase Payment section will show some or all of the following available choices (1035 Exchange, Check, Wire, Transfer, Rollover Contribution, Other, or Draft).</li> </ul>  |

|  |   |
|--|---|
| <p><b>Benefit Riders</b></p>                   | <p>The Benefit Riders are bracketed to permit changes to the marketing name and rider availability.</p> <p>As new riders are approved by the Department, this section may be updated to reflect the marketing name and rider name. If a rider is not approved in your state, we will note that.</p> <p>Alternate Text</p> <p><b>2) Death Benefit Riders</b> (Check one. If no election is made, the Account Value option will apply).</p> <p><input type="checkbox"/> Account Value (no additional charge)</p> <p><input type="checkbox"/> Principal Protection</p> <p><input type="checkbox"/> Enhanced Death Benefit II (may only be elected with GMIB Plus or without an option Living Benefit Rider.)</p> |
| <p><b>Fraud Statement &amp; Disclosure</b></p> | <p>The text in these sections may be enhanced for clarity or compliance with insurance laws in your state or other states. Additionally, the Disclosure &amp; Acknowledgement section may be modified for any changes in “fraud language” that may be required by other states.</p>   |